PART B - FEE(S) TRANSMITTAL

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466 7590 11/16/2010					•				
YOUNG & THOMPSON					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United				
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		i	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/588,011 09/06/2006			Karl Andersson			1510-1120 2107			
TITLE OF INVENTION: METHOD AND DEVICE FOR THE CHARACTERIZATION OF INTERACTIONS BETWEEN DIFFERENT SPECIES									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE T	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300		\$0		\$1055	02/16/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
LAM, ANN Y		1641	435-287100						
1. Change of correspond CFR 1.363).	2. For printing on the patent front page, list								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Tree Address" ind	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
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3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	r type	:)			······································	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Ridgeview Instruments AB Uppsala, Sweden									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s)	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee	A check is enclosed.								
Publication Fee (N Advance Order -	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - 1	overpayment, to D	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).							
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Authorized Signature	Date December 2, 2010								
Typed or printed name	Registration No. 35,041								
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